



## **KEYS TO PROGRESS®**

*PROGRESSIVE™*

### Criteria for Progressive Keys to Progress Program

#### **Veteran Recipient Criteria**

- Must be able to provide a DD214
- Must fall below the Geographic Income Threshold for your county, reference VA's Means Test for Priority group 8
- [National Income Limits](#)
- Have a valid driver's license
- Have a clean driving record – no major infractions in the past 7 years.
- Be able to insure and maintain the vehicle
- Does not own a vehicle or show a hardship with current vehicle
- One Year Income Tax
- Must be able to pass a background check

#### **Veteran Recipient's Legal Obligations and Liabilities**

- Title transfer fees
- Pay all applicable sales tax and fees after 1yr of ownership
- Insurance coverage after the first six months of ownership

**Please remember that the recipient is legally required to obtain and continue insurance coverage.**

**ALL PACKETS MUST BE RECEIVED IN VFW DEPARTMENT HEADQUARTERS BEFORE SEPTEMBER 1<sup>ST</sup> - 2018 TO BE CONSIDERED: SEND TO: VFW – PO BOX 429 – ROCKY HILL, CT 06067 or e-mail to [ofct@vfw.necoxmail.com](mailto:ofct@vfw.necoxmail.com)**



# KEYS TO PROGRESS®

*PROGRESSIVE*

## Criteria for Progressive Keys to Progress Program

### Veteran's Information

**\*Required**

Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Rent\* \_\_\_\_\_ Own\* \_\_\_\_\_

Valid Driver's Lic. No.\*: \_\_\_\_\_  
Number State Expiration Date

Applicant's Date of Birth\*: \_\_\_\_\_ SSN\*: \_\_\_\_\_

Primary driver(s) in your household: \_\_\_\_\_

Marital Status\*: Single Married Separated Divorced

Excluding veteran, please list all dependents residing in the home\*:

Name Age Relationship

Name Age Relationship

Name Age Relationship

Name Age Relationship

Name Age Relationship

Do you or your spouse own a registered motor vehicle\*? Yes No

If yes: \_\_\_\_\_

Year Make Model VIN Number

Year Make Model VIN Number

Insurance information that covers your vehicle:

---

Company	Insured	Policy Number	Policy Term
---------	---------	---------------	-------------

**Income:**

Veteran Monthly Income\*: \_\_\_\_\_ Spouse/Fiancé(e)/Roommate Monthly Income\*: \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

Additional Monthly Income\*:

Type	Amount:	Type	Amount
VA Benefits	_____	Unemployment	_____
Child Support (received)	_____	SSI/SSDI	_____
Welfare	_____	Food Stamps	_____
Other	_____		

Total Monthly Income\*: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant signature confirms they understand proper stewardship requires they provide the necessary information to substantiate their request; including governmental records, income information, and current driving records. The applicant understands this information will be kept confidential. Applicant understands if they receive a vehicle through the Keys To Progress Program, Progressive Insurance Company as well as its affiliates and subsidiary companies, will not be liable for any related maintenance or upkeep of the vehicle after commencement of the ceremony.

Veteran Applicant Signature\*  
\_\_\_\_\_

Printed Name\*  
\_\_\_\_\_

Date\*  
\_\_\_\_\_

In your own words, please tell us why you are in need of a vehicle from the Keys To Progress program; and how the vehicle will impact your life. (You may also send this in your own word processor document or email program.)

Lined area for writing the response.

---

(Please feel free to continue on back if needed)